Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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## **COVER PAGE**

Office, Agency, or Court  Agency Name (Do not use scronyms)  Natural Resources Agency - Department of Conservation  Division, Board, Department, District, if applicable  Notice Provided the Provided P	Please type or print in link.			2010		
Office, Agency, or Court  Agency Name (Do not use acronyms)  Natural Resources Agency - Department of Conservation  Division, Board, Department, Division of Oil, Gas and Goothermal Resources  In filing for multiplo positions, list below or on an attachment. (Do not use acronyms)  Agency Position  Agency Position:    Agency   Position:   Position:	IAME OF FILER (LAST)	(FIRST)		1. PT 24 - 1 -	(MIDDLE)	
Agency Name (Do not use acronyms)  Natural Resources Agency - Department of Conservation  Division Foord, Department, District, if applicable  If filing for multiple positions, fist ballow or on an attachment. (Do not use acronyms)  Agency:  If filing for multiple positions, fist ballow or on an attachment. (Do not use acronyms)  Agency:  Position:  Jurisdiction of Office (Check at least one box)  State    Judge or Court Commissioner (Statewide Jurisdiction)   Country of	Abeid	John	a .	= (10 10) *		
Natural Resources Agency - Department of Conservation Division Board, Department, District, if applicable Division of Oil, Gas and Geothermal Resources Engineering Geologist  If filing for multiple positions, list below or on an attachment. (Do not use econyms)  Agency: Position:  Jurisdiction of Office (Check at least one box)  State    Judge or Court Commissioner (Statewide Jurisdiction)   Multi-County.   County of   City of   Annual: The period covered is January 1, 2017, through   December 31, 2017.   One covered is January 1, 2017, through   December 31, 2017.   The period covered is January 1, 2017, through   December 31, 2017.   The period covered is January 1, 2017, through   December 31, 2017.   The period covered is January 1, 2017, through   December 31, 2017.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January 1, 2017, through the date of leaving office.   The period covered is January	Office, Agency, or Court				-	
Division, Board, Department, District, If applicable  Division of Oil, Gas and Geothermal Resources  If filling for multiple positions, list below or on an attachment. (Po not use acronyms)  Agency:  Position:  Jurisdiction of Office (Check at least one box)  State    dutili-County of   County of     County of   County of     County of   County of     Type of Statement (Check at least one box)    Annual: The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is Juneary 1, 2017, through     December 31, 2017.  -Or   The period covered is Juneary 1, 2017, through     December 31, 2017.  -Or   The period covered is Juneary 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     December 31, 2017.  -Or   The period covered is January 1, 2017, through     The period covered is January 1, 2017, through the date of leaving office.  -Or   The period covered is January 1, 2017, through the date of leaving office.  -Or   The period covered is January 1, 2017, through the date of leaving office.  -Or   The period covered is January 1, 2017, through the date of leaving office.  -Or   The period covered is January 1, 2017, through the date of leaving office.  -Or   The period covered is January 1, 2017, through the date of leaving office.  -Or   The period covered is January 1, 2017, through the date of leaving office.  -Or   The period covered is January 1, 2017, through the date of leaving office.  -Or   The pe	Agency Name (Do not use acronyms)					
Division of Oil, Gas and Geothermal Resources    Filling for multiple positions, list below or on an attachment. (Do not use ecronyms)   Agency:	Natural Resources Agency - Depa	artment of Conservation	1			
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)   Agency:	Division, Board, Department, District, if applic	able	Your Position			
Durisdiction of Office (Check at least one box)   State	Division of Oil, Gas and Geotherm	nal Resources	Engineering Ge	eologist		
Jurisdiction of Office (Check at least one box)  State	► If filing for multiple positions, list below or	on an attachment. (Do not us	se acronyms)			
State	Agency:		Position:	<del>.</del>		
City of	Jurisdiction of Office (Check at lea	ast one box)				
City of	IXI State	•	☐ Judge or Court Co	mmissioner (Sta	tewide Jurisdiction)	
City of	<del>_</del>		-	• • • • • • • • • • • • • • • • • • • •		
Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2017, through December 31, 2017.  The period covered is January 1, 2017, through December 31, 2017.  The period covered is January 1, 2017, through December 31, 2017.  The period covered is January 1, 2017, through December 31, 2017.  The period covered is January 1, 2017, through the date of leaving office.  Assuming Office: Date assumed 06 , 05 , 2017  The period covered is January 1, 2017, through the date of leaving office.  Candidate: Date of Election and office sought, if different than Part 1:  Schedule Summary (must complete) Total number of pages including this cover page;  Schedules attached  Schedule A1 - Investments - schedule attached Schedule D- Income, Loans, & Business Positions - schedule attached Schedule B - Real Property - schedule attached Schedule D- Income - Gifts - Schedule attached Or-  None - No reportable interests on any schedule  Verification  MALINA ADDRESS STREET (Summary of Agency Adress Recommended - Public Document)  1000 S. Hill Rd, Suite 116  Ventura CA 93003-4458  EMAIL ADDRESS JOhn Abeid @conservation.ca gov  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained berein and in any attached schedules is true and complete. I acknowledge this is a public document.  Date Signed February 11, 2019  Signature (Figure Agency Advenced Email: advice@fipc.ca.gov)  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained from the state of California that the foregoing is true and correct.  PPPC Agence Email: advice@fipc.ca.gov	•		-			
Annual: The period covered is January 1, 2017, through December 31, 2017or- The period covered is/, through December 31, 2017.   The period covered is/, through December 31, 2017.   The period covered is/, through December 31, 2017.   Assuming Office: Date assumed O6 / O5 / 2017	Uty of		Uther			
December 31, 2017.  The period covered is	Type of Statement (Check at least of	one box)		*****		
The period covered is		1, 2017, through		Date Left	<u></u>	
December 31, 2017.	-or-		,			
Assuming Office: Date assumed		, through	leaving office.	ered is January	1, 2017, through the date of	
Candidate: Date of Election	★ Assuming Office: Date assumed	052017	O The period cov		, through	
Schedule Summary (must complete)  Schedules attached  Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached  OIT- None - No reportable interests on any schedule  Verification  MAILING ADDRESS STREET GITY STATE ZIP CODE  Wentura CA 93003-4458  DAYTIME TELEPHONE NUMBER (805 ) 465-9620  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  Date Signed  February 11, 2019  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  PPPC Form 700 (2017/201  PPPC Form 700 (2017/201  PPPC Agrice Email: advice@fppc.ca.gu						
Schedule A1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached Schedule A2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached  None - No reportable interests on any schedule  Verification  MAILING ADDRESS STREET CITY STATE ZIP CODE  MAILING ADDRESS (Business or Agency Address Recommended - Public Document)  1000 S. Hill Rd, Suite 116 Ventura CA 93003-4458  DAYTIME TELEPHONE NUMBER  [805 ) 465-9620 John. Abeid@conservation, ca.gov I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Pate Signed  February 11, 2019  (month, day, year)  FPPC Form 700 (2017/201	Candidate: Date of Election	and office sought	, if different than Part 1:		minute.	
Schedule A1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached Schedule A2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached  None - No reportable interests on any schedule  Verification  MAILING ADDRESS STREET CITY STATE ZIP CODE  MAILING ADDRESS (Business or Agency Address Recommended - Public Document)  1000 S. Hill Rd, Suite 116 Ventura CA 93003-4458  DAYTIME TELEPHONE NUMBER  [805 ) 465-9620 John. Abeid@conservation, ca.gov I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Pate Signed  February 11, 2019  (month, day, year)  FPPC Form 700 (2017/201	. Schedule Summary (must comp	olete) > Total number	of pages including th	is cover pag	ie: 2-	
Schedule A-2 - Investments - schedule attached  Schedule B - Real Property - schedule attached  Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  None - No reportable interests on any schedule  Verification  MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  1000 S. Hill Rd, Suite 116  DAYTIME TELEPHONE NUMBER (805 ) 465-9620  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California that the feregoing is true and correct.  February 11, 2019  Signature  (Fig. the Anginally signed statement with your fing official.)  FPPC Agrice Email: advice@fppc.ca.gr		, , , lotal mannaol	or pages moraumig an	o ooro, pag		
Schedule A-2 - Investments - schedule attached  Schedule B - Real Property - schedule attached  Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached  None - No reportable interests on any schedule  Verification  MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  1000 S. Hill Rd, Suite 116  DAYTIME TELEPHONE NUMBER (805 ) 465-9620  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California that the feregoing is true and correct.  February 11, 2019  Signature  (Fig. the Anginally signed statement with your fing official.)  FPPC Agrice Email: advice@fppc.ca.gr	Schedule A-1 - Investments – schedu	ule attached [	Schedule C - Income Loa	ns & Rusiness	Positions - schedule attached	
Schedule B - Real Property - schedule attached  Or-    None - No reportable interests on any schedule  Verification    Mailling Address   Street   City   State   Zip Code	_			•		
Verification  MAILING ADDRESS STREET CITY STATE ZIP CODE  MAILING ADDRESS Recommended - Public Document)  1000 S. Hill Rd, Suite 116 Ventura CA 93003-4458  DAYTIME TELEPHONE NUMBER  ( 805 ) 465-9620 John.Abeid@conservation.ca.gov  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed February 11, 2019  Signature FPPC Form 700 (2017/201 FPPC FOR		-	<del></del>			
Verification  MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  1000 S. Hill Rd, Suite 116  Ventura CA 93003-4458  DAYTIME TELEPHONE NUMBER  (805 ) 465-9620  I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date Signed  February 11, 2019  Signature  File the ariginally signed statement with your filing official.)  FPPC Form 700 (2017/201	or-					
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Dayrimess or Agency Address Recommended - Public Document)   1000 S. Hill Rd, Suite 116   Ventura   CA   93003-4458     Dayrime Telephone Number   E-Mall Address     (805 ) 465-9620   John.Abeid@conservation.ca gov     I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.    I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	Verification					
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Date Signed February 11, 2019  Signature  FPPC Form 700 (2017/201  FPPC Agrice Email: advice@fppc.ca.ge				best of my kno	wledge the information contained	
(month, day, year)  (File_the originally signed statement with your filing official.)  FPPC Form 700 (2017/201  FPPC Agrice Email: advice@fppc.ca.ge		laws of the State of Californ	nia that the foregoing is tru	e and correct.		
(month, day, year)  (File_the originally signed statement with your filing official.)  FPPC Form 700 (2017/201  FPPC Agrice Email: advice@fppc.ca.ge	Date Signed February 11, 2019	in the second	Siotratura	1/1		
FPPC Agrice Email: advice@fppc.ca.gu	(month, day, year)			ginally signed statemer	nt with your filing official.)	
FPPC Agrice Email: advice@fppc.ca.gu		100		11/	FPPC Form 700 (2017/2018)	
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.go		lot 2			ice Email: advice@fppc.ca.gov	

## SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	-(100)
-	John Abeid

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Chevron	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Oil & Gas	
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000       □ Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock NOther stock, part of 401k	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
06 / 15 / 16 / / 16	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BURNESS ENTITY	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
C mount received of Good of Moto (report on Bulledale by	Theorie received of \$600 or wore (report on delicable of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
☐ Stock ☐ Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ı	1
Comments:	